

In re _____,
Debtor

Case No. _____
(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- | | |
|---|--|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ _____ |
| a. Are real estate taxes included? Yes _____ No _____ | |
| b. Is property insurance included? Yes _____ No _____ | |
| 2. Utilities: a. Electricity and heating fuel | \$ _____ |
| b. Water and sewer | \$ _____ |
| c. Telephone | \$ _____ |
| d. Other _____ | \$ _____ |
| 3. Home maintenance (repairs and upkeep) | \$ _____ |
| 4. Food | \$ _____ |
| 5. Clothing | \$ _____ |
| 6. Laundry and dry cleaning | \$ _____ |
| 7. Medical and dental expenses | \$ _____ |
| 8. Transportation (not including car payments) | \$ _____ |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ _____ |
| 10. Charitable contributions | \$ _____ |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | |
| a. Homeowner's or renter's | \$ _____ |
| b. Life | \$ _____ |
| c. Health | \$ _____ |
| d. Auto | \$ _____ |
| e. Other _____ | \$ _____ |
| 12. Taxes (not deducted from wages or included in home mortgage payments)
(Specify) _____ | \$ _____ |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | |
| a. Auto | \$ _____ |
| b. Other _____ | \$ _____ |
| c. Other _____ | \$ _____ |
| 14. Alimony, maintenance, and support paid to others | \$ _____ |
| 15. Payments for support of additional dependents not living at your home | \$ _____ |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ _____ |
| 17. Other _____ | \$ _____ |
| 18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) | <div style="border: 1px solid black; padding: 2px;">\$ _____</div> |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:
_____ | |
| 20. STATEMENT OF MONTHLY NET INCOME | |
| a. Total monthly income from Line 16 of Schedule I | \$ _____ |
| b. Total monthly expenses from Line 18 above | \$ _____ |
| c. Monthly net income (a. minus b.) | \$ _____ |